

## **Spring and Fall Program Registration Form (also use for all adult programs)**

Recreation Fax #: (781) 687-6156

Participant: \_\_\_\_\_ Sex: M/F Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_ e news enrollment: YES NO  
Emergency Name & #: \_\_\_\_\_  
Special Needs/Concerns: \_\_\_\_\_

**If participant is under age 18, please complete this section.** Current Grade: \_\_\_\_\_ Age \_\_\_\_\_  
Parent 1 Work #: \_\_\_\_\_ Parent 2 Work #: \_\_\_\_\_  
Parent 1 Cell #: \_\_\_\_\_ Parent 2 Cell #: \_\_\_\_\_  
Soccer Shirt#: \_\_\_\_\_ Parent Coach/Chaperone? \_\_\_\_\_

Program: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \_\_\_\_\_  
Program: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \_\_\_\_\_  
Program: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \_\_\_\_\_

**CAN YOU HELP WITH A CONTRIBUTION TO THE NEIGHBORS HELPING NEIGHBORS FUND: \$ \_\_\_\_\_**

Cash \_\_\_\_\_ Check \_\_\_\_\_ MC or Visa #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I, do hereby consent to my minor child(ren)'s/my own participation in the program(s) into which I am enrolling, run by the Bedford Recreation Department, and do forever RELEASE, acquit, discharge and covenant to hold harmless the Town of Bedford, and the Town of Bedford Recreation Department and all of its employees and agents from any and all actions, causes of action, and claims, including, but not limited to negligence, on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage occurring while participating in any part of the program(s), wherever it occurs, which my minor child(ren)/I may now or hereafter have and as the parent of said minor(s), also any and all claims, actions, causes of actions, including, but not limited to negligence which said minor has or hereafter may acquire, either before he/she or after he/she has reached his/her majority resulting from his/her participation in the Town of Bedford Recreation Department's program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (parental if participant is under 18 years old)

## **Spring and Fall Program Registration Form (also use for all adult programs)**

Recreation Fax #: (781) 687-6156

Participant: \_\_\_\_\_ Sex: M/F Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_ e news enrollment: YES NO  
Emergency Name & #: \_\_\_\_\_  
Special Needs/Concerns: \_\_\_\_\_

**If participant is under age 18, please complete this section.** Current Grade: \_\_\_\_\_ Age \_\_\_\_\_  
Parent 1 Work #: \_\_\_\_\_ Parent 2 Work #: \_\_\_\_\_  
Parent 1 Cell #: \_\_\_\_\_ Parent 2 Cell #: \_\_\_\_\_  
Soccer Shirt#: \_\_\_\_\_ Parent Coach/Chaperone? \_\_\_\_\_

Program: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \_\_\_\_\_  
Program: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \_\_\_\_\_  
Program: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \_\_\_\_\_

**CAN YOU HELP WITH A CONTRIBUTION TO THE NEIGHBORS HELPING NEIGHBORS FUND \$ \_\_\_\_\_**

Cash \_\_\_\_\_ Check \_\_\_\_\_ MC or Visa #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I, do hereby consent to my minor child(ren)'s/my own participation in the program(s) into which I am enrolling, run by the Bedford Recreation Department, and do forever RELEASE, acquit, discharge and covenant to hold harmless the Town of Bedford, and the Town of Bedford Recreation Department and all of its employees and agents from any and all actions, causes of action, and claims, including, but not limited to negligence, on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage occurring while participating in any part of the program(s), wherever it occurs, which my minor child(ren)/I may now or hereafter have and as the parent of said minor(s), also any and all claims, actions, causes of actions, including, but not limited to negligence which said minor has or hereafter may acquire, either before he/she or after he/she has reached his/her majority resulting from his/her participation in the Town of Bedford Recreation Department's program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (parental if participant is under 18 years old)